

City of Blue Lake Parks & Recreation 2014

Blue Lake Ballers Basketball Camp

NAME OF
CHILD: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

PRIMARY PHONE: _____

MAILING ADDRESS: _____

CITY: _____

ZIP: _____

AGE: _____

OTHER PHONE: _____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Blue Lake Ballers Basketball Camp. I understand that this waiver of liability protects the City of Blue Lake, its Parks & Recreation Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending Blue Lake Ballers Basketball Camp, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Blue Lake Baller Basketball Camp, including those offered during extended care hours.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

Registration Option

Blue Lake Ballers Camp: August 11-15, 2014, 9:00-4:00 PM.
Early drop off and pickup available.

Please circle all that apply:

Full day Non-Resident Fee: \$85/week

Full day Discounted Resident Fee: \$75/week

Half day Non-Resident Fee: \$45/week

Half day Discounted Resident Fee: \$40/week

Optional Camp lunch: \$35/week

PROGRAM REGISTRATION

Please list all persons allowed to pick up your child below, including yourself:

Name: _____ Contact Phone: (____) _____

Name: _____ Contact Phone: (____) _____

Name: _____ Contact Phone: (____) _____

Name: _____ Contact Phone: (____) _____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.

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For Office Use Only

Registration Fees: Paid \$ _____ Date Paid: _____ Check
Number(s) _____ (If cash, write "cash")